

Inclusive Community Leisure Services: Responsibilities of Key Players

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The purpose of this study was to identify the inclusive practices employed and barriers encountered by key players in Minnesota's community leisure service agencies that were actively serving people with disabilities in inclusive programs. By identifying "recommended professional practices" for inclusive services, the specific roles and strategies implemented by key players and barriers they encountered could be observed first-hand. In order to analyze the nature and extent of inclusive programming in relation to agency key player roles, 13 agencies were selected for on-site interviews. The following key players were interviewed at each of those agencies: (1) administrator; (2) supervisor; (3) program instructor; (4) volunteer or trainer advocate; and (5) consumer (i.e., individual with a disability and/or his/her parent/care provider). Networking with others and collaborative program planning (i.e., agency staff work closely with consumers in designing programs) were the most prevalently cited organizational recommended professional practices across key players. Regarding programmatic recommended professional practices, ongoing program evaluation and volunteer management strategies were the most frequently cited. Consumers are typically involved only in the initial selection of a recreation program or activity. Regarding the barriers they experienced

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The development and dissemination of this manuscript was partially supported by Cooperative Agreement No. H133B30072 funded by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education. The content and opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement should be inferred.

when attempting to accommodate individuals with disabilities, administrators and supervisors reported financial constraints most often. Financial constraints were also among the three most frequent responses of program instructors (23%), volunteers (25%), and consumers (15%). A plea for further coordination and collaboration between agency staff, participants with disabilities, and care providers to facilitate inclusive community recreation services is made.

KEY WORDS: *Barriers, camps, community education, community recreation, inclusion, key players, promising professional practices, roles and responsibilities, therapeutic recreation, YMCA*

In 1990, the Americans with Disabilities Act (P.L. 101-336) was enacted to eliminate discrimination against people with disabilities in the areas of employment, transportation, public accommodations, public services, and telecommunications. Of great importance to providers of leisure services, Section 302 of the act prohibits denying full and equal access of any public facilities or services to an individual on the basis of disability. The mandate defines separate, albeit equal, programs and services as discriminatory practices.

Although federal laws (i.e., American National Standards Institute A117.1 Standard, Americans with Disabilities Accessibility Guidelines, Architectural Barriers Act of 1968, Uniform Federal Accessibility Standards) have provided the impetus for agencies to accommodate individuals of varying abilities both architecturally and programmatically, often these agencies have done nothing but remove architectural barriers (Schleien, Ray, & Johnson, 1989). Several administrators find inconvenient or inaccessible facilities to be the major stumbling block to inclusive services. Following the removal of physical barriers, these agencies claim to be "completely accessible and inclusive, in programmatic, as well as architectural, ways." Many leisure service agencies assess and adapt their physical environments, since guidelines on physical barrier-free evaluation and design are readily available. However, physical accessibility and physical proximity between people with and without disabilities does not, in and of itself,

ensure positive results. In fact, current research suggests that without programmatic access, participants without disabilities continue to view their peers with disabilities and inclusion efforts negatively (Newton, Ard, Horner, & Toews, 1996; Sable, 1995). As of now, community efforts and strategies to make programs fully accessible remain few. Leisure service providers must include people with disabilities in social barrier-free, as well as physical barrier-free, environments: that is, totally barrier-free, zero-exclusion environments where no one is rejected (Schleien, 1993; Schleien & Green, 1992).

Who will be responsible for these changes in levels of accommodation? When and how will community recreation agencies welcome people with disabilities? If these efforts do become successful, will they endure over time? One thing is certain: as individuals with disabilities become increasingly involved in inclusive community recreation activities, new methods to increase communication between participants, family members and care providers, and agency administrators and practitioners will become absolutely necessary. Alternative and creative avenues for meaningful collaboration and dialogue need to be explored. It has become clear that successful inclusion is only possible and sustainable when many key players work collaboratively in program design, implementation, and ongoing monitoring of the process.

One factor that works in favor of the inclusive community recreation movement is that family members and care providers are

becoming increasingly involved in and more vocal about decisions concerning the quality of their children's lives. In fact, the U.S. Senate recently agreed to reauthorize the Elementary and Secondary Education Act. Section 315 of this Act contains the Families of Children with Disabilities Support Act of 1994. This family advocacy legislation includes services and support for families in their efforts to promote the inclusion of their children with disabilities into all aspects of community life. It also promotes the use of existing social networks, natural sources of support, and building connections with existing community agencies and services. However, interest in working closely with families should not occur simply because it is the appropriate thing to do or because the law requires it. The time appears ripe for significantly more collaboration between recreation agency staff and family members/care providers.

If serving people with disabilities goes beyond mere agency claims of facilities and programs being available to people with disabilities, who then are the key players in the inclusion process? What techniques are used and what barriers do they encounter? In a previous study (Schleien, Germ, & McAvoy, in press), 484 Minnesota community leisure service agencies were surveyed to determine the condition of inclusive recreation programming for individuals with disabilities in the state of Minnesota. This census included park and recreation departments, community education departments, YMCAs, YMCA camps, and Jewish Community Centers. From these surveys, 13 agencies providing various inclusive recreation opportunities were identified and selected for on-site investigation of their use of "recommended professional practices" (Schleien, Ray, & Green, 1997). These practices focus upon many aspects of the inclusion process, from administrative-level concerns such as information gathering and needs assessments, to

programmatic-level techniques such as the implementation of inclusive programs and determining future efforts. Also, the specific roles and responsibilities of key players—administrators, supervisors, program instructors, volunteers or trainer advocates, participants—in delivering those services were studied.

The purpose of this study was to identify the inclusive practices employed and barriers encountered by key players in Minnesota's community leisure service agencies that were actively and successfully serving people with disabilities in inclusive programs. By identifying recommended professional practices of inclusive service agencies, barriers they sometimes encountered, and the roles of specific key players, training curricula that address the particular needs and responsibilities of key players could be developed, and recommendations could be made, to facilitate enhanced inclusion efforts. In this manner, three research objectives were addressed. First, how do staff in agencies that successfully accommodate people with disabilities describe their inclusive programs and practices? Second, who are the key players implementing these recommended professional practices? Third, what barriers do they sometimes encounter when attempting to integrate their programs?

Methods

Survey participants from an earlier statewide study (Schleien et al. in press) consisted of Minnesota park and recreation departments (from a member roster of the Minnesota Recreation and Park Association, $n = 80$), community education departments (from a listing of Minnesota school districts, $n = 369$), YMCAs and YMCA camps (from a state of Minnesota YMCA listing, $n = 27$ and $n = 6$, respectively), and Jewish Community Centers ($n = 2$). The total subject base equaled 484 survey participants.

The surveys were labeled according to

service to people with disabilities (i.e., yes or no), type of disability (e.g., developmental disability, physical disability), type of service (i.e., inclusive, segregated, or both), number of inclusive programs listed, and number of "recommended professional practices" indicated.

This information allowed for coding the surveys into one of five predetermined and operationally defined categories (i.e., "A" – "E"). The research staff previously identified four agencies who were integrating their services successfully. These agencies were studied and the practices that they implemented were used as a model to define the coding categories. "A" agencies resembled these four agencies by implementing at least 90% of the strategies that the exemplars were using in inclusive programs. "B" organizations were those agencies attempting to integrate their recreation programs but were not satisfied with their inclusion efforts. "C" establishments suggested they were hypothetically serving persons with disabilities in inclusive programs but were unable to identify specific programs. "D" institutions were only providing segregated program options. "E" agencies were not currently serving people with disabilities. Coding reliability, using two persons coding agencies separately, was computed to be 95%.

Interview Subjects and Interview Design

To study specifically the nature and extent of inclusive programming practices and barriers encountered in relation to agency key player roles, 13 surveyed agencies who had received an "A" rating during the coding process were selected for on-site, audio-taped interviews. Two graduate research assistants (training to be Certified Therapeutic Recreation Specialists) interviewed the following key players at each of those agencies: (1) administrator; (2) supervisor; (3) program instructor; (4) volunteer or trainer

advocate; and (5) consumer (i.e., persons with a disability and/or his/her parent/care provider). Program volunteers were only interviewed at four agencies due to their limited availability (data regarding volunteer responsibilities should be viewed cautiously due to their restricted numbers.)

A set of open-ended interview questions, based on the state-wide survey, was employed to determine the agency's use of "recommended professional practices" and the barriers they sometimes encountered when attempting to integrate their programs. All key players were asked standard questions, including: (1) What are you doing in your position to facilitate inclusion?; and (2) What barriers to inclusive recreation programming have you encountered and how have you attempted to overcome these barriers? Additionally, each "key player" type was asked specific questions that were relevant to their position in the inclusion process according to the roles and responsibilities of various persons at the exemplary agencies studied previously. Administrators were questioned about agency philosophy and mission, goals, staff hiring and training, marketing/promotion, use of "recommended professional practices," networking, and program funding. Supervisors were queried regarding staff/volunteer recruitment and training, use of "recommended professional practices," program considerations (e.g., age-appropriateness), program goals/objectives, evaluation processes, and written documentation. Program instructors were encouraged to discuss training received, use of "recommended professional practices," goals, and interaction with volunteers. Volunteers were interviewed about training received, use of "recommended professional practices," and program goals/objectives. Consumers were questioned regarding the process experienced in registering for inclusive programs, program participation, interaction with

agency personnel, and suggested changes that could improve programs.

As a method of triangulation, multiple data collectors participated in the interview process (Merriam, 1988; Patton, 1990). The interviewers, in three pairs, were instructed to gather field notes in terms of interview data and the interview process, as well as procure examples of agency inclusion tools to supplement the audio tapes (e.g., agency brochures, client needs assessment forms, program evaluation instruments). They were trained in the six general types of problems encountered when interviewing persons with disabilities (Biklen & Moseley, 1988). Misunderstandings, rephrasing open-ended questions, the interview environment, frequent same answers, tendencies to please the interviewer, and the presence of a significant other were addressed. Also, Taylor and Bogdan's (1984) in-depth interviewing strategies were used in preparation of the interview teams. Lastly, it was stressed that the interest at hand was congruent with qualitative research, to secure descriptive information from the subjects' point of view, not from the views held in the literature (Bullock, 1983).

Interview Procedures and Data Analysis

Audio-taped interviews ranged from 30 to 60 minutes, depending upon the extent of the key player's involvement in programming. Confidentiality was ensured for all interview participants. The interviews were conducted over a period of 5 months. The interviews participated in regular discussions of prevailing themes during the course of the interviews (Patton, 1990).

The method of data analysis used followed that of content analysis suggested by Merriam (1988) and Patton (1990). All agency tapes were transcribed and transcriptions were read in reference to the broad categories of use of "recommended professional practices" and prevalence of barriers

to inclusive programming. As transcriptions were re-read, the categories diverged into more specific strategy and barrier categories and subcategories. It was then carefully noted which respondent identified the programming technique or barrier, and who was responsible for implementing the technique or who was affected by the barrier. This coding system allowed for the clustering of responses and facilitated the organization of cumulative data for each key player role across all agencies.

Results

Organizational Recommended Professional Practices

The use of organizational recommended professional practices was greater among administrators and supervisors than among program instructors, volunteers, and consumers (see Table 1). During the interviews three inclusion strategies that were not revealed in the Schleien et al. (in press) study emerged: hiring personnel, networking, and using outside assistance.

Hiring personnel. Hiring personnel to establish and implement inclusive recreation programs was the responsibility of administrators (62%) and supervisors (31%) only. By actively seeking personnel who have inclusion philosophies and skills, administrators and supervisors have broadened the agency's skill base. Not only do they eliminate some inclusion training needs in the new recruits, they also establish an in-house resource for training existing personnel. In the end, the new employee assists in the training of current employees and more quickly serves the consumer in inclusive programs.

Networking. Networking materialized as the technique most commonly employed by the key players overall. Supervisors (92%) and program instructors (62%) mentioned its use more than any other organizational rec-

Table 1.

Use of Organizational Recommended Professional Practices by Key Players

Organizational Technique	Key Player				
	Administrator (N = 13)	Supervisor (N = 13)	Program Instructor (N = 13)	Volunteer (N = 4)	Consumer (N = 13)
Documentation	31%	69%	38%	75%	8%
Transportation	8%	23%	0%	50%	15%
Staff Training	69%	85%	8%	0%	15%
Agency Goals	85%	85%	8%	0%	15%
Outreach Strategies	23%	62%	8%	0%	8%
Marketing (Brochure)	77%	85%	0%	0%	15%
Collaborative Program Planning	23%	85%	38%	25%	77%
Mission Statement	46%	8%	0%	0%	8%
Financial Assistance	77%	54%	0%	0%	0%
Hiring Personnel	62%	31%	0%	0%	0%
Networking	77%	92%	62%	0%	15%
Outside Assistance	85%	54%	8%	0%	0%
Personal Philosophy	77%	69%	31%	0%	8%

ommended professional practice. Sharing ideas with co-workers, other professionals, and care providers was viewed as essential for developing new interventions, securing information, problem-solving, and feeling supported ideologically. One supervisor commented, "I even find myself spending time just encouraging other organizations to set up (inclusive programs)," and an administrator remarked, "I am a sounding board for my staff."

Using outside assistance. Such networking often evolved into developing sources of outside assistance. Administrators (85%) and supervisors (54%) were active in securing outside sources of funding, routing publications through the agency, hiring consultants to analyze program offerings and to shed new light on problems, and enlisting the services of organizations that specialize

in inclusive community leisure services. "We always go outside for medical and legal issues, and for grants," explained an administrator.

Roles of Key Players

Administrator role. Overall, administrators were mostly involved with establishing agency-wide inclusion goals, identifying outside assistance, networking, ensuring the involvement of persons with disabilities through marketing in brochures, and arranging a system for participant financial assistance. In addition, administrators were active in hiring and training personnel, although one administrator maintained, "Short programs don't allow for intense training, especially when the instructor is a volunteer." The administrator's role is mainly that of a policymaker and strategic planner for the

entire organization. An administrator's inclusion efforts consist largely of ensuring a proper amount of funding through the budgeting process and coordinating inclusive programs with other agency offerings through the allocation of resources. Not surprisingly, minimal time is spent with the consumer, as shown by the small percentages for outreach, collaborative program planning with participants and care providers, and transportation assistance.

Supervisor role. Supervisors' organizational roles are typified by networking, formulating agency-wide inclusion goals, marketing and promotion to reach potential participants with disabilities through the agency's brochure, training agency personnel, and involving consumers in formulating policy, goals, strategic plans, programming, and scheduling. The supervisor role is also marked by documentation of inclusion outcomes and interventions, outreach to schools, group homes, churches/synagogues, and advocacy organizations that represent specific disabilities, procurement of outside assistance, and formulation and disbursement of financial assistance to consumers.

In comparing the role to that of administrators, supervisors appear to be called upon to balance their energies between managerial duties and direct contact with program participants. With the exception of personnel hiring, supervisors employ all the organizational recommended professional practices that exemplify administrators. Furthermore, supervisors are working with consumers through advisory councils and aggressive publicizing of programs. One supervisor commented, "I'm trying to establish a local tie. I even get representatives at local churches to help identify and serve people with disabilities." Supervisors are also keeping records of inclusion efforts, compiling a written history to which few administrators contribute.

Program instructor and volunteer roles.

Program instructors and volunteers supplement this documentation process. They record inclusive experiences through written program evaluations, progress notes, and daily logs. In addition to this task, program instructors are involved in networking with other staff members and in involving consumers in collaborative program planning. One program instructor maintained, "There is a lot of preparation work before a program. You talk to parents, siblings, and other coaches to get information and help." Volunteers also take part in this connection with consumers, as well as in providing transportation assistance.

Consumer role. On the other hand, consumers characterized their involvement in organizational recommended professional practices as collaborative program planning (77%). This contribution to agency policy formulation, strategic planning, goal establishment, and programmatic design was accomplished primarily through informal conversations with other key players. To a much lesser extent, involvement was attained through membership on special needs committees and advisory councils. The training of agency personnel, advertising inclusive programs, and networking were tasks seldom identified by consumers. Perhaps consumers do not realize that they are actually implementing these strategies as suggested by one parent of a child with a disability when she stated, "I just tell the staff what techniques work best with my child. That's all."

One final note about organizational recommended professional practices addresses the number of key players involved in establishing, promoting, and maintaining an inclusive mission statement. Of all the key players, administrators reported the most involvement in this process as one might expect; however, few could produce a copy of their agency's mission statement. This is in direct contrast to the large number of agencies (50%) in the Schleien et al. (in press)

study who reported having an inclusive mission statement. The rationale for and commitment to inclusion were strongly present in the minds and daily endeavors of agency staff, despite the absence of a guiding, written declaration. In fact, many administrators shared one director's view that "a strong inclusion philosophy is the most desirable and determining factor in the selection of job candidates."

Programmatic Recommended Professional Practices

In the analysis of the programmatic recommended professional practices data, three inclusion strategies that were not revealed in the Schleien et al. (in press) study surfaced. These strategies included a participant needs/preferences assessment, program-specific goals, and volunteer management (see Table 2).

Participant needs/preferences assessment. The entire sample (100%) of supervisors reported implementing individual needs/preference assessments, whether it be through formal, documented interviews or simple telephone conversations with consumers. Various elements of the assessment process were common among the supervisors. Nearly all of them (85%) discussed age-appropriateness with the consumer to identify matches between the age of the participant with a disability and the targeted age groups of the recreation programs. Usefulness of the program's skill(s) for the consumer was also identified by 46% of the supervisors during assessments. Supervisors examined with consumers their current level of skill in relation to that common of most participants in the program, as well as the generalizability of the program's skill(s) to other activities and settings. Lastly, the concept of natural proportions (i.e., approximately one person with a disability for every 10 people without disabilities in a program) was included by 69% of the supervisors to

ensure the most normalized inclusion experience for the consumer.

Program-specific goals. The assessment lends itself to the establishment of written, program-specific goals. During the interviews, 62% of the supervisors mentioned employing this practice. In addition, consumers reported this strategy the most frequently of all the programmatic techniques (46%). Such figures highlight the importance of supervisors working with consumers to plan for and achieve desired outcomes. What is interesting to note is the low number of program instructors who identified this strategy (31%) and the conducting of participant assessments (8%). These findings reveal an absence of their input in an important part of program development, possibly leading to misunderstandings and fears regarding responsibility, purpose, and preparation in including a person with a disability in one's recreation program.

Volunteer management. The responsibility of recruiting, hiring, and training volunteers (i.e., volunteer management) fell largely upon supervisors (92%). Although this group was not as involved in selecting program instructors, the acquisition and deployment of volunteers was clearly their domain. These volunteers comprise a body secured from outside the program for inclusive services. Peer partners, mentioned by 62% of the supervisors, are acquired from within the recreation program. Therefore, supervisors are obtaining one-to-one assistance for consumers with disabilities from multiple sources.

Roles of Key Players

Administrator role. Only 15% of the administrators identified a programmatic recommended professional practice during the interviews. They discussed the importance of periodically observing inclusive programs, that is, an informal and ongoing program evaluation. Apart from these occa-

Table 2.

Use of Programmatic Recommended Professional Practices by Key Players

Programmatic Technique	Key Player				
	Administrator (N = 13)	Supervisor (N = 13)	Program Instructor (N = 13)	Volunteer (N = 4)	Consumer (N = 13)
Orientation	0%	54%	46%	25%	23%
Task Analysis	0%	38%	23%	25%	0%
Environmental Analysis	0%	77%	0%	0%	0%
Behavioral Techniques	0%	8%	69%	100%	0%
Peer Partners	0%	62%	62%	25%	0%
Partial Participation	0%	23%	46%	75%	0%
Ongoing Evaluation	15%	85%	31%	75%	15%
Adaptations	0%	54%	62%	0%	8%
Individual Assessment	0%	100%	8%	0%	38%
Program Goals	0%	62%	31%	25%	46%
Volunteer Management	0%	92%	31%	50%	23%
Program Evaluation Form	0%	46%	46%	100%	69%

sional visits, it became clear from the data that administrators were far removed from the actual inclusive recreation experience. One administrator described her inclusion role as that of "just helping to provide focus and overall agency goals."

Supervisor role. The supervisor role is characterized by participant needs/preferences assessment, volunteer management, ongoing evaluation, environmental analysis, program goal formulation, securing peer partners, creating adaptations, and facilitating orientations for program participants without disabilities. In fact, agency supervisors are the only key players who employ environmental analyses, assessing the accessibility of program facilities. Supervisors did not report the use of behavioral techniques

(8%) or partial participation strategies (23%) frequently, although one supervisor commented, "My job is to be very knowledgeable of what's being conducted in the programs." In sum, much of a supervisor's programmatic energy is spent making preparations before the program begins, "handing the inclusion baton" to the program instructor at that juncture.

Few key players used task analysis in their programs. One supervisor commented, "A task analysis is only performed when required by a student's Individualized Education Plan (IEP)." Another supervisor maintained that it was the responsibility of the program instructor (who, during our interview, suggested that it was the responsibility of the volunteer) to ensure that the

consumer performs whatever tasks are needed to avoid falling behind the group. One supervisor commented on the time commitment that a task analysis requires stating; "We rarely use a task analysis because our classes are so short." Others suggested that the technique is performed on an ad hoc, informal basis. It would appear that task analysis is not an important part of most key players' programmatic inclusion repertoires.

Program instructor role. Program instructors are generally not as involved in volunteer recruitment, hiring, and training (31%), but they are associated with peer partners (62%). This suggests, along with the program instructors' low response to organizational techniques such as outreach, marketing, and transportation assistance, that this key player concentrates his/her energy within the program itself. Peer-partner relationships are encouraged when the instructor is present, but efforts to promote the generalization of relationships outside of the program are minimal.

The overall use of programmatic recommended professional practices by program instructors supports this assertion. This group of key players most frequently reported using behavioral techniques, establishing and maintaining peer partners, devising and implementing program adaptations, encouraging partial participation when appropriate, and conducting orientations for participants without disabilities to ready them for an inclusive experience. One consumer stressed the importance of these orientations, "This helps in making friends." These techniques outline a role that focuses on the consumer specifically during the inclusive recreation experience.

Volunteer role. Volunteers are often the recipients of the "inclusion baton" once the instructor has established the necessary programmatic supports. The volunteer role was identified with the use of behavioral techniques, performing ongoing evaluations, and

implementing partial participation strategies. Similar to the program instructor, a volunteer is involved in maximizing consumer participation and employing any needed prompts or cues to accomplish this. Most of the behavioral techniques used by both key players in these instances are variations of positive reinforcement.

The volunteer shares the responsibility of the supervisor in conducting ongoing program evaluations. The volunteer records his/her direct experiences with the consumer and relates them to the supervisor. This process generally omits the program instructor. This suggests that when a volunteer is available for one-to-one assistance, it becomes the volunteer's responsibility to see that inclusion occurs and to monitor the process. One volunteer described his role, "The volunteer is like a safety net," with a supervisor agreeing, "The volunteer is responsible for the clients to have an enjoyable experience."

Consumer role. Consumers are involved in the design of personal program goals and the participant assessment process. The data suggest that their opinions are rarely solicited regarding ongoing program evaluation; however, 69% of the consumers reported completing evaluation forms at the conclusion of the program. [Nearly half of the program instructors (46%) and all of the volunteers (100%) also mentioned being responsible for submitting these forms.] The consumer's role, therefore, appears to be one of supplying vital information before the recreation program begins and once it is completed. In the interim, the consumer is charged with enjoying oneself, making friends, and learning new skills.

Barriers to Community Recreation Inclusion

Financial barriers. When key players were questioned regarding the barriers they experienced when attempting to include individuals with disabilities, financial barriers

Table 3.

Barriers to Inclusive Community Recreation Identified by Key Players

Barrier	Key Player				
	Administrator (N = 13)	Supervisor (N = 13)	Program Instructor (N = 13)	Volunteer (N = 4)	Consumer (N = 13)
Staff Attitudes	38%	46%	38%	0%	0%
Public Attitudes	31%	23%	46%	50%	15%
Participant Attitudes	23%	15%	8%	0%	0%
Administrative	0%	8%	0%	0%	0%
Architectural	15%	54%	15%	25%	0%
Programmatic	8%	15%	0%	0%	23%
Transportation	15%	23%	15%	0%	23%
Staffing	15%	31%	8%	0%	0%
Financial	69%	69%	23%	25%	15%

were cited most often. More administrators and supervisors reported financial constraints than any other barrier (see Table 3). From administrator and supervisor groups, 69% believed that funding was the main concern. Administrators cited difficulties securing additional dollars for hiring and training personnel, budgeting for the development of new programs, and "selling" city councils or leadership committees on proposed allocations of resources for inclusive program offerings. Supervisors also described the frustration with identifying new funding sources. They highlighted the difficulty with budgeting for programmatic needs without commensurate additions in funding, especially for inclusive children's programming. One supervisor noted, "I have a levy for adult programming, but kid's programming is another story." This high incidence of financial barriers corresponds to the reported experience of the Schleien, et al. (in press) survey sample (50%).

Financial constraints were also among the three most frequent responses of program instructors (23%), volunteers (25%), and

consumers (15%). The difference here was a view from the perspective of the leisure service recipient. They were more concerned about the financial burden placed on the person with a disability than that incurred by the agency. They cited transportation costs, program fees that are beyond the budgets of participants with disabilities who traditionally have had low paying jobs or were unemployed (Harris, Louis and Associates, Inc., 1986; Schafer, Wehman, Kregel, & West, 1990), and the expense of bringing along a friend or staff member to be a peer partner or trainer advocate. One program supervisor maintained, "Participants don't have enough money for programs. They're busy saving money for a lot of other things."

Attitudinal barriers. One may have expected staffing constraints to receive the second highest response given the Schleien et al. (in press) survey sample results (48%). However, this was not the case. Administrators (38%) and program instructors (38%) in equal numbers believed that staff attitudes were a greater problem. One administrator suggested, "My staff have a resistance to

learning about people with disabilities. They fear the inclusion experience." Supervisors (46%) also agreed with them, "My instructors are afraid. They have high expectations for themselves and they don't want to feel like failures." Such attitudes were not perceived to exist by volunteers or consumers. In fact, most consumers found the beliefs and philosophies of agency personnel to be quite inspiring. One parent maintained that "sometimes the staff can be unrealistic in their optimistic goals for people with disabilities."

Administrators, supervisors, and program instructors acknowledged "fear" to be the major attitudinal barrier for staff. Fear of the experience in terms of shouldering responsibility for persons with disabilities, failing to provide an enjoyable program for all participants, and addressing one's own internal feelings and misgivings about disabilities were prominent stumbling blocks. This revelation is interesting to note as poor staff attitudes received the least frequent response as a barrier to inclusive programming (6%) in the Schleien et al. (in press) study.

Although some program instructors (38%) found poor staff attitudes to be a barrier, negative public attitudes received the largest response from this group (46%) as well as from the volunteers (50%). This is congruent with the degree of contact that program instructors and volunteers typically have with community members. They are present when inclusive programming occurs and subsequently are the ones who receive the initial reactions and impressions of the program enrollees. Parents of children without disabilities and older adults harbored the most negative attitudes according to program instructors. One instructor had encountered "several parents who feared for the safety of their children." Another instructor described older adult participants who "seemed less tolerant of physical, mental, and emotional differences" among people they met. One

volunteer commented, "You have to be able to tolerate people with disabilities." Negative public attitudes were also reported by consumers who commented on the "lack of friendships" they develop.

Architectural barriers. A larger number of supervisors (54%) found architectural barriers to be more of an inclusion constraint than staff attitudes (46%), suggesting that addressing architectural accessibility may be more their responsibility than that of the other key players. In fact, agency supervisors are the only key players who reported employing the programmatic recommended professional practice of environmental analyses, assessing the accessibility of program facilities. One point of interest is the absence of any consumer perceptions in the area of architectural barriers.

Transportation barriers. Consumers found transportation (23%) constraints to be a significant barrier. Consumers were discouraged about the limited physical accessibility of public transportation, whether it be the location of departure points (particularly in rural communities) or the unavailability of wheelchair lifts. Others recounted occasions when the recreation program site or time of day was inaccessible by bus. This perception of difficulty was reflected in the Schleien et al. (in press) study's response (36%) to this barrier. The overall low figures for the use of transportation assistance as an inclusion technique by the interviewed key players only compounds this problem for consumers. One consumer described taking matters into her own hands, "We parents just got together and arranged our own car pool amongst ourselves." Another commented, "My mother is on a committee and helps with fund raisers, especially for the buses."

Programmatic barriers. Equally pervasive in the estimation of consumers were programmatic barriers (23%). Concerns regarding the lack of inclusive recreation programs for adult males and teens with disabili-

ities were foremost. Consumers also reported difficulties arranging school, employment, and therapy commitments within available recreation activity schedules. Pleas for variety in year-round programming and additional opportunities for skill development were made. One consumer explained, "There are just not enough things for low-functioning (sic), especially in the summer."

Programmatic constraints, as a whole, were not frequently reported by the key player respondents. Equally low responses included participant attitudes and administrative constraints. This suggests that agencies in the interview sample—those providing the most numerous inclusive experiences for individuals with disabilities—enjoy the support of administrators and participants with disabilities, alike. It also highlights a need for more attention to the concerns of consumers, particularly regarding programmatic and transportation issues.

Summary, Conclusions, and Recommendations

From the authors' previous study of 484 Minnesota community leisure service agencies to determine the statewide condition of inclusive recreation programming for individuals with disabilities, 13 agencies providing successful inclusive opportunities were selected in this study for on-site investigation of the roles of specific key players as they pertain to the use of "recommended professional practices" in inclusive programming. A specific set of open-ended questions regarding community recreation inclusion was directed to agency key players such as the administrator, supervisor, program instructor, volunteer (only available at four agencies), and consumer. Audio tapes from the interviews were transcribed and examined for the use of "recommended professional practices" and by whom, and the barriers they encountered. From these interviews it was learned which specific inclusion tech-

niques and barriers encountered were typically associated with each key player role.

Administrators. Administrators are predominantly involved in the organizational establishment and maintenance of inclusive programming. They take part in the beginning phase of philosophy, agency goal, and program development, and in ensuring the continued success of inclusion for the agency through budgeting, representation on city councils/community boards, and securing outside assistance when needed. This key player experiences difficulties with the overall financing of inclusive programming, negative staff attitudes during training efforts and program development, and negative public or community attitudes as accessible programs and inclusion agency goals are established.

Supervisors. Supervisors are involved in the preliminary process of establishing an inclusion philosophy within their agencies and maintaining it, but their efforts are also focused on the individual with a disability as he/she is welcomed by the agency. Supervisors are responsible for placement of consumers into appropriate activities and programs, given the participant needs assessment or initial screening. Additionally, they secure all necessary materials and assistance for inclusive programming and evaluate the outcomes at program's end. Because of these responsibilities, supervisors are concerned with adequate agency finances, personnel who are willing and qualified to lead inclusive programs, and architectural accessibility.

Program Instructors and Volunteers. Program instructors and volunteers are typically immersed in the actual programmatic experiences of the participants. They exercise techniques that have a direct effect on the skill acquisition and enjoyment of the consumer. Furthermore, their duties keep them in close contact with members of the community, and subsequently, any negative

public attitudes toward inclusion. Financial constraints are also an issue for program instructors and volunteers in terms of procuring the necessary funds for more advantageous staff-to-participant ratios and reduced program fees for consumers with disabilities. In addition, program instructors are concerned with negative staff attitudes from fellow instructors and volunteers, whereas volunteers do not view these attitudes as a problem. They perceive architectural barriers as a greater problem in servicing consumers with disabilities.

Consumers. The participant with a disability is responsible for advising the supervisor of his/her needs, preferences, and goals, and participating in the program to the fullest extent possible. Consumers are disquieted with programmatic constraints, such as programs which the agency views as inaccessible, limited program availability due to seasonality, or program variety (e.g., few programs for teens or adult males with disabilities). Equally pervasive are transportation barriers, with negative public attitudes and financial concerns trailing close behind.

Roles and responsibilities of key players:

A Final word. It is apparent that of all the key players interviewed, agency supervisors employ the greatest number of both organizational and programmatic recommended professional practices for inclusive services. Administrators play an extremely small role in program implementation. Instructors and volunteers generally focus exclusively upon the actual program experience. Consumers are typically involved in the initial selection of a recreation activity or program only.

It is also evident that volunteers and consumers are not as engaged in networking with professionals, inclusion specialists, or peers as the other three key player groups. Ongoing opportunities need to be provided for such communication and interaction, whether it be through training sessions or periodic agency open houses. Each key

player has a wealth of experience that is important (and necessary) to share. Everyone can benefit from listening to one another's perspectives, constraints, and strategies (Heyne, McAvoy, & Schleien, 1994). One program supervisor commented, "Communication within our agency and with the community is our biggest barrier."

Increased attention to staff training is equally paramount for improving agency services for people with disabilities. Community leisure service agencies need to implement training programs for all key players; training that stresses an inclusion philosophy and the use of "recommended professional practices." (For a comprehensive training protocol, it is suggested you refer to Schleien, Ray, & Green, 1997). Furthermore, program instructors and volunteers who may be responsible for only one or two programs a year should not be excluded from such human resource development. They should also be trained, whether it be through individual meetings with supervisors or by receiving a packet of informational literature addressing inclusive services.

The role of the consumer should be expanded. Hamre-Nietupski et al. (1988) and Wacker, Harper, Powell, and Healy (1983) suggested that people with disabilities and their care providers may be exhibiting apathy regarding active participation in the inclusion process due to years of confronting barriers. The current study identified consumers as having limited involvement in the process, particularly in outreach strategies, orientation of participants without disabilities, the use of adaptations and behavioral programming techniques, documentation, and staff training. The consumer's expertise, in terms of knowledge of abilities, needs, preferences, and effective program interventions (e.g., adaptations), should not be limited to involvement on an agency advisory council or an occasional needs/preferences assessment.

Consumers can play vital roles in staff training and program evaluation, offering valuable insights into program promotion and modification that could better serve all community members with and without disabilities (Schleien, Meyer, Heyne, & Brandt, 1995). Agencies should acknowledge consumers as this important resource and remove barriers that inhibit their full participation. This does not necessarily indicate that the burden of soliciting the contribution of consumers lies solely with the agency. Consumers are challenged to take a more assertive approach to increased involvement in inclusive recreation at community agencies.

Lastly, administrators need to become more involved in the programmatic aspects of inclusive services. It is difficult, at best, to facilitate inclusive program development and staff training with such limited experience in actual programs. One cannot get an accurate picture of the entire process and its impact on the agency and community from second-hand accounts. Administrators could become more active in ongoing program evaluation and communication with program instructors, volunteers, and consumers to better maintain the resources devoted to inclusive services.

This study has raised definite propositions for future research. The current investigation neglects the level of expertise demonstrated by key players as they implement "recommended professional practices." Subsequent efforts should focus on how effectively strategies are being used. This could yield information regarding which agency and key player demonstrated the most proficient employment of each strategy. Such data would be exceedingly valuable in designing inclusive training curricula. Future investigations could include interviews with key players from agencies that did not receive an "A" rating (i.e., "B"–"E" rated agencies) to help further identify practices and constraints that hinder (as well as sup-

port) the provision of inclusive services. Program participants without disabilities may be an interesting addition to the interview phase. Their views could enlighten agency personnel concerning programmatic supports and the overall quality of the inclusion experience for all participants.

Successful inclusive community recreation services are only possible when a much wider circle of individuals, including agency administrators and program staff, participants with and without disabilities, and their care providers, work together. When these key players come to understand the tasks that lie ahead and recognize the responsibilities and potential of each person's role in the inclusion process, "recommended professional practices" will be designed and implemented cooperatively, and barriers to inclusive community recreation will be minimized. Such a team approach should enhance the delivery of inclusive community recreation experiences into the 21st century.

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